



State of Utah

DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

CHARITABLE ORGANIZATION PERMIT APPLICATION FORM

Annual Application fee: \$100.00 (Non-refundable)

Applicant's Name

Date of Application

OFFICE USE ONLY

Date Issued: _____

Permit Number: _____

Approved: _____

Exempt: _____

Denied: _____

Expiration: _____

Percentage of total contributions that
are projected to benefit the charitable
purpose: _____

Please mark the appropriate box:

☐ INITIAL
APPLICATION

☐ RENEWAL
APPLICATION

If you have any questions, please contact the Division at (801) 530-6601.

Please return the completed application form to:

Department of Commerce
Division of Consumer Protection
160 East 300 South
SM Box 146704
Salt Lake City, Utah 84114-6704

NOTE: The Charitable Solicitation permit will expire annually on the earlier of January 1, April 1, July 1, or October 1 following the completion of 12 months after the date of initial issuance.

See Instructions for Charitable Organization Permit Application Form.

PART I: APPLICANT'S IDENTIFICATION

1. Applicant's Name: _____
2. Other Names that Applicant Uses: _____
3.
 - A. Applicant's Street Address: _____
Street

City State Zip Code
Telephone Number: _____ Facsimile Number: _____
 - B. Applicant's Mailing Address: _____
Street

City State Zip Code
Telephone Number: _____ Facsimile Number: _____
4. Type of Organization:
☐ Individual ☐ Partnership ☐ Association ☐ Non-profit 501(c)(3)
☐ Non-profit 501(c)(4) ☐ For Profit Corporation ☐ Other _____
5. Contact Person: _____ Telephone Number: _____

PART II: PARENT FOUNDATION

1. Is your organization the parent foundation of a local unit or does your organization associate with a Parent Foundation? ☐ Yes ☐ No
If "yes", complete this Part. If "no", go to Part III.
2. List the following information concerning your parent foundation or local unit:
Name: _____
Address: _____
Street

City State Zip Code
Contact Person: _____
Telephone Number: _____ Facsimile Number: _____

3. List the state(s) where your parent foundation is currently registered.

PART III: PROFESSIONAL FUND RAISER, COUNSEL, CONSULTANT

1. Will your organization use a professional fund raiser, fund raising counsel or consultant?

☐ Yes ☐ No

If "yes", complete this Part. If "no", go to Part IV.

2. List the following information concerning each professional fund raiser, professional fund raising counsel or consultant that you utilize.

Name: _____

Address: _____

Street

City

State

Zip Code

Telephone Number: _____ Facsimile Number: _____

Contract Effective Date: _____ Contract Expiration Date: _____

3. List the state(s) where your professional fund raiser , professional fund raising counsel and professional fund raising consultant are currently registered.

PART IV: COMMERCIAL CO-VENTURER

1. Will your organization use a commercial co-venturer in any charitable sales promotion conducted during the period of this application?

☐ Yes ☐ No

If "yes", complete this Part. If "no", go to Part V.

2. List the following information concerning each commercial co-venturer that you utilize.

Name: _____

Address: _____

Street

City

State

Zip Code

Telephone Number: _____ Facsimile Number: _____

3. Indicate the date that the charitable sales promotion is expected to commence: _____

PART V: CHARITABLE PURPOSE OF ORGANIZATION

1. Describe the charitable purpose of your solicitation and the use of the contributions solicited:

PART VI: FINANCIAL INFORMATION

1. Please provide the following information from your most recently filed IRS Form 990, 990EZ or 990PF or, if you are not required to file IRS Form 990, 990EZ or 990PF, from your financial statement for the calendar year immediately preceding the date of this application. An initial applicant filing with no previous financial information is required to indicate the revenue and expenses **anticipated** during the period of this application.

- A. Fiscal year ending date: _____
- B. Contributions (line 1d of IRS Form 990 or line 1 of the 990EZ): \$ _____
- C. Fundraising Costs (line 15 of IRS Form 990): \$ _____
- D. Management and general costs (line 14 of IRS Form 990): \$ _____
- E. Fundraising costs as a percentage of contributions (divide line C by line B): _____ %
- F. Fundraising costs plus management costs as a percentage of contributions (divide lines C + D by line B): _____ %
- G. Percentage of contributions that remained available for application to the charitable purposes declared in this application (100% minus line F): _____ %

2. Please indicate whether the percentage found on line 1G of this Part is the same percentage of contributions that the division should report to the public that you project will remain available to the charitable purposes you have declared during the period of this application.
Yes ☐ No ☐

If "no", please state the percentage that the division should report to the public that you project will remain available to the charitable purposes declared during the period of this application and explain in sufficient detail the factual basis for this percentage being different from that indicated on line 1G of this Part. Please provide supporting documentation if available. _____ %

3. Please state the total amount of contributions collected from Utah donors for the fiscal year reported in paragraph 1 of this Part, if known. \$ _____

PART VII: METHOD OF SOLICITATION

1. Please check each applicable method by which solicitations will be conducted and indicate the projected length of time that the solicitation will be conducted.

Method of Solicitation	Dates of Commencement/Termination		Dates of Commencement/Termination
<input type="checkbox"/> Telephone	____/____	<input type="checkbox"/> Sell advertising	____/____
<input type="checkbox"/> Direct mail	____/____	<input type="checkbox"/> Sell Coupon	____/____
<input type="checkbox"/> Door-to-Door	____/____	<input type="checkbox"/> Sell other item	____/____
<input type="checkbox"/> Special events	____/____	<input type="checkbox"/> Other (explain)	
<input type="checkbox"/> Show or performance	____/____	_____	____/____
<input type="checkbox"/> Grant writing	____/____	_____	____/____

2. If any of the methods of solicitation are to be conducted by Applicant's professional fund raisers or professional fund raising counsel or consultant please identify which methods will be used by which fund raiser(s).

3. Does your organization utilize vending devices? ☐ Yes ☐ No
If "yes", complete the rest of this Part If "no", go to Part VIII.

4. Indicate the type of vending device.

5. List the location(s) of the vending device(s).

6. Indicate the length of time the vending device will be utilized.

Beginning Date	Expiration Date
_____	_____
_____	_____

PART VIII: INJUNCTION, ORDER OR CONVICTION

1. Has any officer, director, manager, operator, principal, agent or employee of the Applicant been enjoined by any court, or is the subject of an administrative order issued in this state or another state? [] Yes [] No
If "yes", please explain in detail including the nature of the proceeding, date, location and current status. Please provide a copy of the order.

2. Has any officer, director, manager, operator, principal, agent or employee of the Applicant been convicted of any crime involving moral turpitude? (For purposes of this question, "convicted" includes a plea of guilty pursuant to a plea in abeyance agreement.) [] Yes [] No
If "yes", please explain in detail including the nature of the proceeding, date, location, sentence and current status. Please provide a copy of the order.

PART IX: ORGANIZATION

1. Provide the following information for Applicant's Registered Agent:

Name

Street Address

City

State

Zip Code

Telephone Number

Facsimile Number

2. List the following information concerning the Applicant's partners, principals, officers and directors.

Name

Address

Telephone number

PART X: DOCUMENTS TO ATTACH

1. Attach a copy of each of the following documents:
 - A. The Applicant's articles of incorporation or other organizational documentation showing its current legal status (initial application only, unless amended);
 - B. The Applicant's current by-laws or other policies and procedures governing its day-to-day operations (initial application only, unless amended);
 - C. The Applicant's IRS Section 501(c)(3) or 501 (c)(4) tax exemption letter, if applicable (initial application only, unless amended);
 - D. Telephone transcript to be used in solicitation, if applicable;
 - E. Most recent IRS Form 990 or annual financial report;
 - F. Current contracts with professional fund raiser, professional fund raising counsel or professional fund raising consultant, if applicable;
 - G. Current contract with parent foundation, if applicable; and
 - H. Any order or judgment resulting from any injunction or criminal conviction disclosed in this application.

DATED: _____

APPLICANT:

BY _____
ITS _____

VERIFICATION

STATE OF _____)
 : ss
COUNTY OF _____)

The undersigned, being first duly sworn upon oath, deposes and states as follows: 1) that the undersigned has signed the foregoing application on behalf of the Applicant as its authorized officer or agent and as such is personally familiar with the statements made in this application; 2) that the undersigned has read the statements made herein; 3) that to the best of his/her knowledge the statements made herein are true and correct; and 4) that fund raising in the state of Utah will not commence until both the charitable organization, its parent foundation, if any, and the professional fund raiser or professional fund raising counsel or professional fund raising consultant are registered and in compliance with the Charitable Solicitations Act.

Dated this _____ day of _____, 20____.

AFFIANT
[Signature before Notary Public is required.]

SUBSCRIBED AND SWORN TO before me this day of , 20 .

My Commission Expires:

NOTARY PUBLIC
Residing at: